

## March 8, 2022

Written testimony of Holly Giuditta-Deming, Director of Recruitment, iCare Health Network in support of H.B. No. in support of H.B. No. 5313 AN ACT CONCERNING TEMPORARY PRICE CONTROLS ON SERVICES PROVIDED BY TEMPORARY NURSING SERVICES AGENCIES.

Good morning Senator Miller, Representative Garibay, and to the distinguished members of the Aging Committee. My name is Holly Giuditta-Deming. I am Director of Recruitment, iCare Health Network based in Manchester, Connecticut. Founded in 2001, iCare Health Network operates skilled nursing facilities including 11 in Connecticut. We have over 1,600 licensed beds and over 1,700 employees. Thank you for this opportunity to testify in support of H.B. No. 5313 AN ACT CONCERNING TEMPORARY PRICE CONTROLS ON SERVICES PROVIDED BY TEMPORARY NURSING SERVICES AGENCIES.

In 2021 in response to the dramatic staffing challenges resulting from the pandemic my company asked me to move from my role as licensed nursing home administrator to Director of Recruitment. As an administrator, I can say in my 13 years' experience in the long term care sector, I have never seen anything like this! iCare has complied with the DSS Wage enhancement program used to settle the threatened job action by S.E.I.U District 1199 last legislative session. Even with wage enhancement program, filling open positions has been incredibly challenging.



As background, the nursing home sector has been struggling to attract and retain nurses over the past several years, even prior to the pandemic. In 2019 iCare relied on staffing agencies to fill shifts. 17% of the licensed nurse shifts yet only 3% of Certified Nurses Aide (C.N.A.) shifts. In 2021 this dramatically increased to 27% and 12%. This phenomenon occurred while our occupancy rates dropped from 92% in 2019 to 79% in 2021. Reliance on staffing agency increasing while occupancy drops is normally unheard of. We staff these positions to the occupancy rates. Our occupancy has now increased to 82% this month so our reliance on Agency may need to increase further. Agency billing rates have increased by nearly 35% for Licensed Nursing and 20% for C.N.A.s at iCare since 2019 while the Medicaid rates paid by the State have been flat for these types of costs.

Severe staffing shortages caused by the elongated pandemic are hindering our admissions, increasing labor costs and slowing the occupancy recovery for our healthcare centers while the expanded use of nursing home staffing pool agencies are worsening the situation. A number of factors related to the ongoing pandemic explain the significant labor-related costs increases. First, the pandemic has destabilized and demoralized the health care workforce---many have left the sector in favor of equal or better paying work in other less challenging non-health care environments, and new recruits have been reluctant to take on this critically important work. We get "ghosted" quite often by new recruits during the interview phase of hiring. A new infusion of resources and public policies is needed to bolster pay for these critically importer health care workers. Many employees believe the slated 4.5% wage enhancements are lost to over 7% consumer inflation now the norm. Wages and other policies such as tax credits and educational assistance for these positions needs to outpace inflation



Second, accountability, continuity of care and overall quality is suffering as labor prices are soaring for our Connecticut nursing homes due to the practices of nursing pool agencies. Our company is literally forced to use nursing pool agencies in ever increasing numbers due to the staffing shortages. Nursing pools routinely hire away staff from nursing homes and sell them back to the nursing homes are many times the costs. It is completely proper for the state to curtail these practices with registration and limitations on fees given that the state is paying for the majority of care in our nursing homes in the Medicaid program.

For these reasons, I support Matt Barrett/CAHCF's recommendation of adoption of H.B. No. 5313 and its recommendation of accelerating the initial rate limitations as follow: For the period beginning July 1, 2022, or upon passage of the Act, whichever is earlier, and ending June 30, 2023, we would recommend that the rates be set in statute as follows: \$30.00 for a CNA, \$45 for an LPN, and \$60 for an RN.

Thank you again for this opportunity to testify on the bill as drafted. I would be happy to answer any questions you may have.